



Offices of Mayor and Council
 650 NE 22nd Terrace
 Homestead, FL 33033
 (305) 224-4447

FOR OFFICE USE ONLY
Date Application Received: _____
Student ID# _____
Date Application Approved: _____
City of Residence _____
College/ University _____

MAYOR’S YOUTH COUNCIL ACHIEVEMENT COMMUNITY SCHOLARSHIP APPLICATION FORM Degree Seeking Students

What’s your dream for your future?

Are you...

- A dedicated student?
- An exceptional athlete?
- A talented technician?
- A committed community volunteer?

What’s your story? Have you overcome considerable obstacles? Have you led a group to make a difference in our community? Are you the first in your family to go to college?

Well, Councilwoman Patricia Fairclough and the City of Homestead’s Youth Council will be providing – with the help of the community – a limited number of \$500 scholarships to high school seniors who live within the City of Homestead’s city limits, to create educational opportunities for the seniors within our community.

What does it take to become a Homestead Youth Achiever?

Our scholarship winners are known as Homestead Youth Achievers. They are ethnically and economically diverse, but they share these qualities:

- ambition and drive
- determination to set and reach goals
- respect for self, family and community
- ability and will to succeed in college

Who is able to apply?

Applicants to the Homestead Mayor's Youth Council Achievement Community Scholarship must:

- Be a resident within the City of Homestead limits
- Be a current high school senior who has been accepted full-time in an accredited two-year or four-year college or university for the entire 2015-2016 academic year. (Please provide copies of acceptance letter(s)).
- Have a minimum unweighted GPA of 3.0
- Have shown a commitment to volunteering throughout the community through a minimum of 200 meaningful community service hours. (Please provide documentation supporting hours of service).
- Demonstrate ambition and self-drive as evidenced by outstanding achievement in school, community or work-related activities.
 - Additional points will be provided to applicants with community service hours exceeding 300.

Deadline to Apply?

May 13, 2015

All fields must be completed.

Applicant's Personal Information (please print)

Name _____

Address _____

Permanent Street Address

City

State

Zip

Mailing Address (if not the same as above) _____

Date of Birth _____ Citizenship: _____ U.S. Citizen _____ Other

I have been a resident of the State of Florida for _____ years.

Phone#: () _____ Alternate Phone#: () _____

EMAIL: _____

High School Attending _____

Expected Graduation Date _____ G.P.A. _____ (MUST BE 3.0 OR HIGHER)

PLEASE ATTACH MOST RECENT REPORT CARD

Are you expecting to apply for financial aid from any other source? ___Yes ___No

If yes, list the source(s) and the amount anticipated to receive.

1. _____

2. _____

3. _____

Pertinent information *(If additional space is needed, please attach a separate sheet of paper).*

Scholastic: Honors, extracurricular activities, Offices held:

Work Experience: _____

Future Outlook

Occupation or profession you are considering and/or major field of interest and future study:

Do you currently have any college credits? ___Yes ___No

If yes, list which college(s) and how many credits from each.

- 1. _____
- 2. _____
- 3. _____

Essay Topics (Choose one of the themes listed below.)

Theme: Fundamentals of Life

- ✓ The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands in times of challenge and controversy. -Martin Luther King
- ✓ Education is the most powerful weapon that you can use to change the world. -Nelson Mandela
- ✓ In America, with education and hard work, it really does not matter where you came from; it only matters where you are going. -Condoleeza Rice
- ✓ Education is the passport to the future, for tomorrow belongs to the people who prepare for it today. -Malcolm X

Requirements: Respond in a double-spaced, typed essay no less than 250 words and no more than 500 words. Please note the essay will be subjected to grammar, punctuation and content.

Applicant's Statement: If granted, I accept this scholarship in order to attend _____
_____ College/University. I agree to keep the City informed of my scholastic progress during the first semester by providing copies of my official grade transcript to the Office of Mayor & Council 10 days after the grade is posted. I agree to abide by all the policies and procedures listed on the AFFIDAVIT attached, which must be signed in order to receive scholarship benefits. I hereby acknowledge that the information submitted herewith is true and correct. If for any reason I cannot accept or continue with the scholarship award, I will notify the City immediately and reimburse any funds received.

Applicant Signature

Date

Parent or Guardian Signature

Date

**MAYOR'S YOUTH COUNCIL ACHIEVEMENT COMMUNITY
SCHOLARSHIP AFFIDAVIT**

I _____, affirm that I have read and understand the following
(Please Print your Name)

policies and procedures that apply to the City of Homestead Mayor's Youth Council Achievement Community Scholarship Program.

- Proof of eligibility from Miami-Dade County Public Schools Free or Reduced Lunch Program.
- Two recommendations must accompany the application. One recommendation may be from a clergy or other community leader (not related to the applicant); the other must be from a teacher, counselor, or principal at the high school.
- A copy of the student's official high school transcript must also accompany the application in order to be considered.
- All applicants must submit a double-spaced typed essay no less than 250 words and no more than 500 words. Essay will be subject to grammar, punctuation and content. (Essay themes included with application.)
- I will forward a copy of my transcript at the end of my first semester to the Office of Mayor & Council of the City of Homestead and will reimburse the City if I have not maintained the 3.0 GPA requirements.
- I affirm that if I have or will receive benefits from any other Scholarship or Grant, I will disclose that information immediately. I understand that if I am found to be in violation of this policy, I will automatically be disqualified from the Scholarship Program and shall reimburse all funds to the City of Homestead.

I have read and understand the above-mentioned policies and procedures and agree to abide by them.

Signature of Student

Date

Signature of Parent or Guardian

Date

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 2015
by _____ (Student Name)

Signature of Notary Public State of Florida

Name of Notary -Typed, Printed or Stamped

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____